



E000688

APPROVED BUT UNFUNDED REGIONAL MEDICAL PROGRAM PROJECTS

OF INTEREST TO HOUSE AND SENATE LEGISLATION

COMMITTEE MEMBERS

BI-STATE

Establish a Cooperative Regional Information System for the Health Professions	\$ 38,500
Inaugurate a Program of Health Surveillance, Health Education and Health Care Accessibility for Residents of a Low-Rent, Urban Housing Project	143,492
Major Radiation Therapy Facility as Part of a Center for Comprehensive Care	365,681
	<hr/>
TOTAL	\$ 547,673

CALIFORNIA

CCU Training for Nurses and CPR Training	\$ 79,000
"CHAIRS"	97,000
Community Cancer	135,000
East Palo Alto Multiphasic	80,000
Heart Program	221,000
Hypertension	128,000
ICU in Small Hospitals	78,000
Medical Library Services	97,000
Medical Oncology (Phase II)	91,638

REGIONAL MEDICAL PROGRAMS
PLANNING AND OPERATIONAL GRANT HISTORY

Net Grants Awarded to Date*

Total Planning Grants Awarded 55 Regional Medical Programs	\$ 51,637,000 ^{1/}
Total Operational Grants Awarded 47 Regional Medical Programs	115,081,400
Total Planning and Operational Grants Awarded	<u>\$166,718,400</u>

^{1/}Includes 8 programs which have received planning grants only for net total to date of \$11,040,400.

47 Operational Regional Medical Programs

Net Planning Grants Awarded	\$ 40,596,600
Net Operational Grants Awarded	115,081,400 ^{2/}
Net Planning and Operational	<u>\$155,678,000</u>
 ^{2/} Includes \$41,581,200 for operational program direction.	
Planning, Project Development and Program Direction - Net	\$ 82,177,800
Operational Projects - Net	<u>73,500,200</u>
	\$155,678,000

*Cumulative beginning June 1966 through January 12, 1970.

47 OPERATIONAL REGIONAL MEDICAL PROGRAMS

Distribution of Grants Awarded
by Primary Activity Emphasis and Categorical Disease
(Net to Date and Available Current Period)

<u>Net Operational Grants Awarded to Date</u>		<u>Funds Available Current Program Period (Level as of 1/12/70)</u>	
Total Net	<u>\$115,081,400</u>	Total Available	<u>\$78,934,000</u>
Program Direction - Project Development, Planning	41,581,200	Program Direction - Project Development, Planning	33,834,000
Operational Projects	<u>\$73,500,200</u>	Operational Projects	<u>\$45,100,000</u>
<u>Activity Emphasis</u>		<u>Activity Emphasis</u>	
Education & Training	39,690,200	Education & Training	23,903,000
Demonstration of Care	24,990,000	Demonstration of Care	16,236,000
Research & Development	8,820,000	Research & Development	4,961,000
<u>Disease</u>		<u>Disease</u>	
Heart	23,520,000	Heart	12,628,000
Cancer	6,982,500	Cancer	5,412,000
Stroke	7,717,500	Stroke	5,863,000
Related (Diabetes, Kidney, Pulmonary)	5,145,000	Related (Diabetes, Kidney, Pulmonary)	4,059,000
Multicategorical	30,135,200	Multicategorical	17,138,000

1/26/70

Grant History

AMOUNTS OBLIGATED BY FISCAL YEAR FOR EACH REGIONAL MEDICAL PROGRAM 1/

	FY 66	FY 67	FY 68	FY 69	Estm'd FY 70	Estm'd Total	Estimated Annual Level of Funding <u>2/</u>
Alabama		318,000	332,000	1,237,000	858,000	2,745,000	896,000
Albany	373,000	1,249,000	1,140,000	140,000	1,534,000	4,436,000	1,414,000
Arizona		119,000	297,000	265,000	1,053,000	1,734,000	953,000
Arkansas		360,000	113,000	580,000	771,000	1,824,000	839,000
Bi-State		604,000		332,000	943,000	1,879,000	952,000
California		1,511,000	4,801,000	9,712,000	740,000	16,764,000	9,512,000
Central New York		290,000	772,000	1,238,000	-0-	2,300,000	1,238,000
Colorado-Wyoming		362,000	176,000	1,174,000	1,268,000	2,980,000	1,214,000
Connecticut	407,000	13,000		1,548,000	1,123,000	3,091,000	1,549,000
D. C. Metropolitan		204,000	866,000	1,427,000	941,000	3,438,000	1,339,000
Florida			289,000	1,301,000	1,854,000	3,444,000	1,545,000
Georgia		240,000	1,871,000	2,752,000	75,000	4,938,000	2,308,000
Greater Delaware Valley		1,531,000		3,272,000	2,493,000	7,296,000	2,850,000
Hawaii	108,000	48,000	74,000	904,000	825,000	1,959,000	825,000
Illinois		336,000	297,000	569,000	2,204,000	3,406,000	1,833,000
Indiana		385,000	416,000	1,565,000	1,635,000	4,001,000	1,637,000
Intermountain		2,399,000	1,790,000	3,114,000	2,621,000	9,924,000	3,307,000
Iowa		291,000	675,000	72,000	1,178,000	2,216,000	678,000
Kansas	198,000	1,261,000	1,565,000	1,727,000	-0-	4,751,000	1,616,000
Louisiana		490,000	220,000	468,000	732,000	1,910,000	801,000
Maine		194,000	614,000	862,000	441,000	2,111,000	1,081,000
Maryland		518,000	449,000	2,237,000	2,320,000	5,524,000	2,320,000
Memphis		173,000	749,000	890,000	600,000	2,412,000	1,403,000
Michigan		1,294,000	852,000	989,000	2,147,000	5,282,000	1,864,000
Mississippi		323,000	595,000	874,000	1,714,000	3,506,000	1,483,000

1/ Total Net Funds Awarded or To Be Awarded

2/ Total Annual Levels of Funding

	FY 66	FY 67	FY 68	FY 69	Estm'd FY 70	Estm'd Total	Estimated Annual Level of Funding
Missouri	399,000	3,125,000	4,491,000	5,227,000	4,890,000	18,132,000	4,482,000
Mountain States		877,000	1,078,000	1,998,000	1,960,000	5,913,000	1,883,000
Nassau-Suffolk				233,000	450,000	683,000	330,000
Nebraska-South Dakota		350,000	215,000	501,000	1,162,000	2,228,000	1,200,000
New Jersey			899,000	1,031,000	1,367,000	3,297,000	1,367,000
New Mexico		450,000	829,000	1,959,000	-0-	3,238,000	1,361,000
New York City Metro.		967,000	1,128,000	372,000	2,752,000	5,219,000	2,236,000
North Carolina	287,000	541,000	1,969,000	2,169,000	2,117,000	7,083,000	2,126,000
North Dakota			268,000	32,000	326,000	626,000	326,000
Northeastern Ohio			286,000	437,000	965,000 <u>3/</u>	1,688,000 <u>3/</u>	965,000 <u>3</u>
Northern New England	295,000	264,000	865,000	955,000	805,000	3,184,000	805,000
Northlands		371,000	452,000	1,308,000	1,428,000	3,559,000	1,428,000
Northwestern Ohio			309,000	173,000	787,000	1,269,000	991,000
Ohio State		109,000	1,075,000	964,000	1,208,000	3,356,000	1,208,000
Ohio Valley		347,000	188,000	855,000	844,000	2,234,000	899,000
Oklahoma		178,000	151,000	1,489,000	1,260,000	3,078,000	1,260,000
Oregon		219,000	772,000	831,000	848,000	2,670,000	1,023,000
Puerto Rico			238,000	254,000	1,015,000	1,507,000	1,015,000
Rochester		307,000	829,000	1,019,000	1,292,000	3,447,000	1,055,000
South Carolina		66,000	437,000	1,422,000	1,096,000	3,021,000	1,392,000
Susquehanna Valley		264,000	175,000	546,000	639,000	1,624,000	638,000
Tennessee Mid-South		594,000	2,167,000	2,713,000	2,669,000	8,143,000	2,678,000
Texas		1,667,000	2,261,000		2,765,000	6,693,000	2,765,000
Tri-State			532,000	1,332,000	1,592,000	3,456,000	1,712,000
Virginia		291,000	254,000	507,000	829,000	1,881,000	821,000

2/ Total Annual Levels of Funding

3/ Pending Approval of National Advisory Council, March 31, 1970

	FY 66	FY 67	FY 68	FY 69	Estm'd FY 70	Estm'd Total	Estimated Annual Level of Funding :
Washington/Alaska		266,000	1,651,000	1,577,000	2,154,000	5,648,000	2,152,000
Western New York		149,000	716,000	1,647,000	1,417,000	3,929,000	1,417,000
Western Pennsylvania		341,000	114,000	119,000	1,246,000	1,820,000	1,157,000
West Virginia		151,000	270,000	238,000	419,000	1,078,000	490,000
Wisconsin		344,000	643,000	1,209,000	1,316,000	3,512,000	1,318,000
TOTALS	2,067,000	26,751,000	44,215,000	72,366,000	71,688,000	217,087,000	87,957,000

2/ Total Annual Levels of Funding

GMB-DRMP
February 9, 1970

Regional Medical Programs
STATUS REPORT ON GRANTS
as of JANUARY 12, 1970

Region	Planning Grants		Operational Grants		Total Funds Avail. Current Period
	Eff. Beg. Date	Net Awarded	Eff. Beg. Date	Net Awarded	
(thousands of dollars)					
Alabama	1/67	982.8	4/69	903.1	903.1
Albany	7/66	707.1	4/67	2372.1	1177.8
Arizona	4/67	787.7	1/70	603.3	603.3
Arkansas	4/67	472.7	2/69	579.9	729.9
Bi-State	4/67	935.6	7/69	942.9	1143.3
California	11/66	4189.4	7/68	12491.1	8109.7
Central New York	1/67	601.0	7/68	1698.2	1184.5
Colorado-Wyoming	1/67	565.1	1/69	2289.5	1247.0
Connecticut	7/66	419.9	1/69	1548.3	1548.3
Florida	11/67	938.1	3/69	779.1	1197.4
Georgia	1/67	810.7	7/68	4127.8	2564.0
Greater Del. Valley	4/67	1959.8	4/69	2862.5	2862.5
Hawaii	7/66	182.3	9/68	1728.0	824.7
Illinois	7/67	2448.6	-	-	1317.0
Indiana	1/67	794.5	1/69	1578.2	1644.4
Intermountain	7/66	608.6	4/67	7161.4	3087.5
Iowa	12/66	552.9	7/68	860.3	807.2
Kansas	7/66	371.2	6/67	4380.1	2175.0
Louisiana	1/67	1177.8	-	-	467.6
Maine	5/67	490.4	7/68	1621.8	1071.7
Maryland	1/67	967.4	3/69	2236.5	2236.5
Memphis, Tenn.	4/67	660.6	7/68	1152.1	1089.8
Metro Wash. D. C.	1/67	651.2	3/68	1876.0	1646.3
Michigan	6/67	1294.4	7/68	3988.7	2381.4
Mississippi	7/67	1060.5	7/69	1421.0	1566.9
Missouri	7/66	636.0	4/67	12605.5	5506.6
Mountain States	11/66	1747.4	3/68	2204.2	1868.7
Nassau-Suffolk	1/69	263.0	-	-	263.0
Nebraska So. Dakota	1/67	1066.5	1/70	493.4	532.1
New Jersey	7/67	899.1	4/69	1080.6	1080.6
New Mexico	10/66	557.7	7/68	2435.0	1387.2
New York Metro	6/67	4237.0	-	-	1771.2
No. Carolina	7/66	997.7	3/68	3968.5	2311.4
No. Dakota	7/67	335.2	1/70	255.9	255.9
Northeastern Ohio	1/68	723.2	-	-	485.8

Region	Planning Grants		Operational Grants		Total Funds Avail. Current Period
	Eff. Beg. Date	Net Awarded	Eff. Beg. Date	Net Awarded	
			(thousands of dollars)		
Northern N. England	7/66	1371.1	5/69	955.1	972.1
Northwestern Ohio	1/68	482.1	7/69	786.9	786.9
Northlands	1/67	829.6	3/69	1308.1	1308.1
Ohio State	4/67	1185.0	5/69	926.9	1177.9
Ohio Valley	1/67	535.2	1/69	1634.2	985.4
Oklahoma	9/66	562.8	5/69	1121.5	1255.2
Oregon	4/67	391.4	4/68	1430.8	1022.2
Rochester	10/66	412.2	3/68	1743.3	1305.8
South Carolina	1/67	992.4	8/68	2027.2	1313.0
Susquehanna Valley	6/67	381.5	4/69	546.1	616.1
Tennessee Mid South	7/66	673.4	2/68	4888.9	3108.6
Texas	7/66	1984.6	7/68	4708.1	2764.5
Tri-State	12/67	614.5	2/69	1249.6	1249.6
Virginia	1/67	1052.4	-	-	506.9
Washington-Alaska	9/66	1512.4	2/68	2177.0	2064.8
West Virginia	1/67	658.8	-	-	378.0
Western New York	12/66	507.3	3/68	2005.5	1590.7
Western Penna.	1/67	573.2	7/69	1157.9	1157.9
Wisconsin	9/66	344.4	9/67	3169.3	1510.6
Puerto Rico	6/68	479.6	-	-	340.6

SELECTED DATA
ON REGIONAL MEDICAL PROGRAMS

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OVERVIEW

* THERE ARE 55 REGIONAL MEDICAL PROGRAMS.

- . 53 of them are operational;
- . 6 are in their third year of operational activity;
- . 23 are in their second year of operational activity; and
- . 24 are in their first year.

* FUNDING INFORMATION

- . \$ 182 million has been awarded to the Programs to date --
\$ 53 for planning, \$ 129 for operational
- . The annual current level of funding (awards to date) is
\$89 million, \$50 million of which is for operational activities.

* PEOPLE INVOLVED IN THE PROGRAMS TOTAL 15,400

- . 2700 Full-time Equivalent Staff Members; 1350 FTE on Core Staffs
- . 2,500 on Regional Advisory Groups
- . 10,200 on task forces and local action groups

* ORGANIZATIONS AND INSTITUTIONS PARTICIPATING

- . 5,700 in planning
- . 2,400 in operational projects
- . 1,600 short term, non-federal hospitals in operational projects.

REGIONS

* LARGEST REGION:

- . IN POPULATION - California (20 million persons)
- . IN SIZE - Washington-Alaska (638,000 square miles)

* SMALLEST REGION:

- . IN POPULATION - Northern New England (435,000 persons)
- . IN SIZE - Metropolitan Washington, D. C. (1,500 square miles)

* SOME REGIONS ARE MAINLY URBAN (New York Metropolitan), SOME RURAL (Arkansas)

BOUNDARIES*

POPULATION

NUMBER OF REGIONS WHICH. . .

NUMBER OF REGIONS WHICH HAVE. . .

. Have Single State Boundaries . . . 31	. Less than 1 Million Persons. . . 4
. Have Two or More States' Boundaries 5	. 1 Million to 2 Million 11
. Are Parts of Single States . . . 11	. 2 Million to 3 Million 16
. Are Parts of Two or More States. 8	. 3 Million to 4 Million 6
	. 4 Million to 5 Million 7
	. Over 5 Million 11

Few Regions have refined boundaries. Hawaii added Guam, American Samoa and Trust Territories. Nassau-Suffolk RMP was formed from counties in Metropolitan New York. Nine Regions reported small boundary changes, mostly adding and subtracting specific counties.

SUBREGIONS

- . 33 Regions are now developing 167 subregions.
- . 4-6 subregions per Region is average.
- . Within a few years, almost all Regions will have them -- totally about 300 subregions.
- . RMP local action groups often serve as subregional planning groups. Some Regions have subregional offices and staffs.

REGIONAL HEADQUARTERS

	<u>Coordinating Headquarters</u>	<u>Grantees</u>
UNIVERSITIES	30	33
State	(25)	(26)
Private	(5)	(7)
NON-PROFIT AGENCIES	25	22
Medical Societies	(4)	(5)
Newly Organized Agencies	(18)	(12)
Other Agencies	(3)	(5)

* Region boundaries are a flexible determinant of Region activities. Some operational projects cross boundary lines.

REGIONAL ADVISORY GROUPS

<u>1967</u>	<u>1969</u>
1600 PERSONS (TOTAL)	2500 PERSONS (TOTAL)
30 (AVERAGE GROUP)	45 (AVERAGE GROUP)
<u>LARGEST</u>	<u>SMALLEST</u>
WESTERN NEW YORK (230)	MISSOURI (12)

PRESENT COMPOSITION of Regional Advisory Groups:

By Profession

	<u>Number</u>	<u>Percent</u>
TOTAL	2463	100
Physicians	1138	46
Registered Nurses	142	6
Hospital & Nursing Home Administrators	225	9
Other Health	163	7
Business or Managerial	332	13
Other Non-health Occupations	423	19

By Affiliation

	<u>Number</u>	<u>Percent</u>
TOTAL	2463	100
Medical Schools	194	8
Affiliated Hospitals	120	5
Hospitals & Other Hospital Interests	286	12
Medical Societies	235	9
Public & Other Health Agencies	202	8
Voluntary Health Agencies	231	9
Health Practitioners	349	14
Public or Consumer Representation	436	18
Others	410	17

Fifty of the Regional Advisory Groups have adopted By-Laws. In 35 Regions, Executive or Steering Committees are sub-groups of the Regional Advisory Groups. They average 10 members; 30% are medical center officials; and 67% are physicians. The role of the Steering Committee varies from Region to Region but most have the power to act on behalf of the Advisory Group between meetings.

PLANNING COMMITTEES AND TASK FORCES

- . ALL BUT TWO REGIONS HAVE THEM. TOTAL NUMBER IS 500.
- . 5300 PERSONS ARE ON THEM.

PRESENT COMPOSITION:

By Profession

	<u>Number</u>	<u>Percent</u>
TOTAL	5320	100
Physicians	3273	62
Registered Nurses	486	9
Hospital & Nursing Home Administrators	326	7
Other Health	346	6
Business or Managerial	312	6
Other	577	10

By Affiliation

	<u>Number</u>	<u>Percent</u>
TOTAL	5320	100
Medical School	872	16
Affiliated Hospitals	508	10
Other Hospital Interests	879	17
Medical Society	212	4
Public & Other Health Agencies	290	5
Voluntary Health Agencies	355	7
Health Practitioners	1180	22
Public or Consumers	198	4
Other	826	15

Almost half of these committees are organized according to categorical diseases, and the remaining in areas such as manpower, training, data collection, hospital planning, and evaluation. They have:

- . Reviewed 1700 projects and approved 690 of them.
- . Studied needs and resources in 48 Regions.

LOCAL AREA AND ADVISORY GROUPS

PURPOSE: TO STUDY AND PROPOSE ACTIVITIES TO MEET COMMUNITY NEEDS AND TO STRENGTHEN RELATIONSHIPS AMONG LOCAL INSTITUTIONS AND WITH THE MEDICAL CENTER.

- . 27 Regions have 335 such groups (4800 persons)
- . 129 of these are located in the Georgia Region
- . Most are based out of community hospitals and include representatives of local hospitals, local health professionals and other community leaders.
- . Many do cooperative planning with CHP(b) agencies.
- . Composition more consumer and hospital oriented. Thus different from other planning groups in RMP.

<u>By Profession</u>	<u>Number</u>	<u>Percent</u>
TOTAL	4843	100
Physicians	2001	41
Registered Nurses	445	9
Hospital Administrators	672	14
Other Health	227	5
Business or Managerial	522	11
Other	996	20

<u>By Affiliation</u>	<u>Number</u>	<u>Percent</u>
TOTAL	4843	100
Medical Schools	75	2
Affiliated Hospitals	452	9
Other Hospital Interests	954	20
Medical Society	401	8
Public & Other Health Agencies	500	10
Voluntary Health Agencies	349	7
Health Practitioners	904	19
Public or Consumer	723	15
All Other	485	10

REGIONAL MEDICAL PROGRAMS STAFF

TOTAL: 2700 FULL-TIME EQUIVALENTS

- . 1350 on CORE STAFFS
- . 1350 staffing OPERATIONAL PROJECTS

CORE STAFFS

	<u>CORE</u>	FTE's <u>OPERATIONAL</u>
TOTAL	1363	1354
Physicians	218	178
Registered Nurses	66	248
Allied Health	50	210
Other Professional/Technical	511	384
Secretarial	518	334

RMP - CHP RELATIONSHIPS

- . 53 Regions have overlapping advisory group membership with state agencies.
- . 23 Regions have common data collection activities with state agencies and 7 with areawide agencies.
- . 6 Regions have identified subregions common with CHP.
- . Other types of related activities include: shared office space; shared staff; joint programs; frequent informal contacts and meetings.

PARTICIPATING INSTITUTIONS

TOTAL INVOLVED IN OPERATIONAL PROJECTS:	2400
. Hospitals	1600
. Nursing Homes & Extended Care Facilities .	146
. Voluntary and professional organizations .	
Medical Societies	28
Cancer Societies	12
Heart Associations	22
. Medical Schools	54
. Other Health Schools	33
. Junior Colleges	17
. State & Local Health Departments	67

SPONSORS OF OPERATIONAL PROJECTS:

. Hospitals	163
. Medical & Other Health Schools	62
. Voluntary & professional organizations . .	21
. Others	54

A majority of projects have single sponsors. Only 12% have joint institutional sponsorships.

OPERATIONAL PROGRAMS

The CURRENT LEVEL OF FUNDING reflects the following program emphasis:

<u>Operational Activity Emphasis</u>	<u>Category</u>
52%Training & Education
36%Demonstrations of Patient Care
12%Research and Development

Categorical Emphasis

An analysis of all the operational grants awarded to date along categorical lines indicates the following breakdown:

. Single Disease	
Heart	27%
Cancer	13
Stroke	12
Related Diseases	10
. Multi-Categorical	38

HEALTH PROFESSIONALS REACHED
IN CONTINUING EDUCATION PROJECTS

TOTAL: 54,674

Persons Trained, By Disease			Persons Trained, By Profession		
TOTAL	54,674	(100%)	TOTAL	54,674	(100%)
Heart	24,326	(44)	Physicians	16,114	(30)
Cancer	2,554	(8)	Registered Nurses	25,291	(46)
Stroke	4,509	(5)	Allied and other Health	6,537	(12)
Pulmonary	3,234	(6)	Multiprofessional	6,732	(12)
Related	857	(2)			
Multicategorical	19,194	(35)			

Patients Reached: Total - 142,367

	Total No. Affected	%	Number Screened	%
	<u> </u>	<u>Total</u>	<u> </u>	<u>Screened</u>
TOTAL	142,367	100	113,200	80
Heart Disease	26,512	19	11,066	42
Cancer	51,875	36	45,939	89
Stroke	1,646	1	1,032	63
Pulmonary Disease	22,553	16	21,656	96
Related Disease	2,978	2	2,855	96
Multicategorical/non-specific	36,803	26	30,652*	83

*Multiphasic Screening

GRANT ACTIVITIES

<u>Significant Activities</u>	<u>Page</u>
(1) Coronary Care Network in Appalachia: North Carolina	1
(2) Rehabilitation Program: Texas	1
(3) Continuing Education - An Innovative Program: Kansas	2
(4) Cardio-Pulmonary Technician Training Program: Washington-Alaska	2
(5) Watts-Willowbrook Involvement: Los Angeles, California	2
(6) Coordinated RMP-CHP Planning: Maine	3
(7) Urban Health Planning: New Jersey	4
(8) Grassroots Involvement: Georgia	4

(1) Coronary Care Network in Appalachia: North Carolina

A network of coronary care units, consisting of 13 electronically monitored beds located in 8 hospitals, has been established in an isolated Appalachian area of Western North Carolina, known as the State of Franklin. It has received financial and technical assistance from the North Carolina RMP. These eight small hospitals, all with less than 50 beds, have been linked together and to the Bowman-Gray School of Medicine in Winston-Salem over 100 miles to the east by a telephone line for the transmission and analysis of EKGs. Many of the physicians practicing in this area, as well as the nurses manning these units, have received training in modern coronary care techniques. In addition, two mobile intensive coronary care ambulances with drivers trained in cardiac resuscitation, also funded by RMP, are being tested in this same area.

This activity is significant and important beyond its direct effect in improving the quality of coronary care and in making such care more readily available to those within the State of Franklin. This is an area in which all health care resources and services generally are inadequate; only one of the hospitals, for example, has a physical therapist.

The eight hospitals, having achieved the degree of cooperation required to establish the coronary care network, have begun to cooperate with respect to other resources and services, such as physical therapy and rehabilitation. This, in turn, has led to the prospect of their achieving official hospital accreditation as a network of hospitals. Previously, each acting separately had been unable to secure accreditation.

(2) Rehabilitation Program: Texas

In Texas, an RMP supported rehabilitation program is responsible for bringing high quality stroke rehabilitation to a small, rural town in East Texas. The Southwestern Medical School in Dallas has developed a joint program with the East Texas Treatment Center in Kilgore, a geographically isolated community 125 miles from the Medical School. The East Texas Treatment Center is the sole rehabilitation facility within a fifty-mile radius. Prior to the implementation of this project, the East Texas Treatment Center, a modern rehabilitation facility, was under-utilized due to a lack of trained personnel and a lack of technical know-how required to provide a coordinated rehabilitation program for heart, cancer and stroke patients.

As a result of the continuing consultative relationship between the Kilgore Treatment Center and the Southwestern Medical School, permanent staff and consultative personnel have been added, the skills of

existing personnel have been upgraded, techniques have been improved and a program organized whereby the local site can continue the treatment and rehabilitation process initiated in the sophisticated larger centers. An anticipated long-range benefit of this project is the eventual self-sufficiency of the East Texas Treatment Center. In fact, it is hoped that the East Texas Treatment Center in Kilgore, and two others being similarly aided, will become links between the medical school and still other rehabilitation centers in even more remote areas.

(3) Continuing Education - An Innovative Program: Kansas

A subregional center for continuing education has been developed at the Great Bend Medical Center in Kansas. Included are joint staffing appointments and staff exchanges with the Kansas City Medical Center and an extensive local program of courses and seminars. In addition, the project has stimulated the medical staff at the Great Bend Hospital and in approximately twelve of the surrounding hospitals to have a weekly conference which is devoted to a wide range of medical problems. In addition, the staff has established an educational committee, a committee on emergency care, and is actively participating in all affairs of the KRMP in that area.

Through the interest of the programs at Great Bend, the Ellsworth Hospital and the hospitals at Smith Center and Meade have set up their own continuing education program. In addition, this has served as a catalyst for medical staffs at several hospitals in the State of Kansas to set up continuing conferences.

(4) Cardio-Pulmonary Technician Training Program: Washington-Alaska

This project was designed to meet an increasing health manpower shortage by providing training of health personnel for the position of cardio-pulmonary technicians with the Spokane Community College as the nucleus, four of the largest hospitals in Spokane and two hospitals in Seattle, have joined together in a cooperative program to train medical technicians in certain specialties so that physicians' scarce skills and time may be utilized to better advantage. After two years of RMP support, financial support for the program was recently assumed by local organizations and agencies.

(5) Watts-Willowbrook Involvement: Los Angeles, California

In many of the regions the RMP is actively involved in attempts to assist representatives of the inner-city in planning for improved health services. Probably the finest example of RMP involvement in

a slum area is found in the California region's project to establish the Drew Post-graduate Medical School in cooperation with the Martin Luther King, Jr. General Hospital, in the Watts-Willowbrook section of Los Angeles. This program is sponsored and financed by a number of interested health groups -- the County of Los Angeles, the Charles R. Drew Medical Society, the John and Mary Markle Foundation, UCLA and U.S.C. Medical Schools, Areas IV and V of the California RMP, and a community advisory body of health professionals and laymen.

In the Watts-Willowbrook district, RMP also has organized a community planning group, and through the organized efforts of this group the area is now identified as a separate subregion for RMP planning purposes in California. That program is gradually shifting its operating base from the two medical schools to the community, utilizing as many other health resources as possible, including voluntary agencies, consumer interests, and state and local government counterparts.

(6) Coordinated RMP-CHP Planning: Maine

In Maine, one of the major projects supported by operational funds to the Maine RMP is the development of the Upper Kennebec Valley Regional Health Agency. Located in Waterville, and originally organized as a voluntary service under a local board of trustees, this agency was activated by RMP funds and now coordinates a whole series of health-related planning and operational activities. On the planning side, it serves not only the Maine RMP activity in that area, but has also become the officially designated areawide comprehensive health planning agency serving exactly the same subregion.

On the operational side, with a combination of RMP and local funds, the agency operates a Home Health Care Service which is effectively supplementing physicians' services to chronically ill patients to give the limited number of physicians in that area more time for seeing an increased number of patients who are critically ill; operating a Regional Blood Bank which now serves 8 of the 10 hospitals in the Kennebec Valley; with additional funds from the Department of Transportation operated a transportation and communications division to provide rapid transfer of both patients and services to raise the level of emergency care in the area; and under a young physician working half-time with that agency and half-time as the only hospital-based Director of Continuing Education in the entire Kennebec Valley, the agency is conducting a full-scale continuing education program for all health-related personnel in the area, including the nearly 125 practicing physicians. Almost ready for operational status within the agency, are additional health activities including regionalized Medical Social Service similar to the Home Health Care Service. These programs reflect unique cooperative arrangements between providers and planners of health care and between RMP and CHP.

(7) Urban Health Planning: New Jersey

The New Jersey RMP has assigned full-time urban health coordinators to the Newark, Trenton and Hoboken Model Cities offices to serve as health planners and identify appropriate activities for RMP coordinated support. Working with the Model Cities elected citizens panels, these RMP health coordinators have helped to identify priorities for health services and developed operational plans for action which have now been submitted as integral parts of the total Model Cities operational plan, covering such areas as housing, education, social services, and law and public safety. One of the significant features of these RMP coordinators is the strong relationship they are establishing between the providers and consumers of health care. Through the Regional Medical Program, they bring the expertise of the medical schools, hospitals, and practicing profession to the consumer citizens panels which are dealing with community health problems.

(8) Grassroots Involvement: Georgia

One of the initial actions of the Georgia RMP was to promote the establishment of local advisory groups. Among the important functions to be served by these local counterparts to the overall regional advisory groups were to translate the program -- to help local hospitals and physicians understand it better; to act as a local liaison and link with the region's core staff and committees; and to identify local needs and problems -- to communicate its priorities.

There now are 129 such hospital-based local advisory groups functioning in that region, with 478 persons serving on them. This includes 127 practicing physicians, 128 hospital administrators, 114 nurses and allied health personnel, and 109 public members.

It is because of this kind of widespread, grassroots participation in, and commitment to, Regional Medical Programs by providers and the larger public which has enabled it to move ahead as quickly as it has with activities such as described; and which, moreover, point to it as a promising mechanism for helping to bring about change in our health care system in cooperation with private physicians, voluntary hospitals, and other health professions and institutions the great majority of which are within the private sector.

DIVISION OF REGIONAL MEDICAL PROGRAMS

Applications Approved to Date by the National Advisory Council
on Regional Medical Programs but Not Funded

Alabama	\$ 365,037
Arkansas	869,827
Bi-State	547,673
California	2,046,776
Central New York	188,545
Colorado-Wyoming	130,822
Connecticut	313,250
Florida	439,681
Georgia	830,897
Greater Delaware Valley	344,309
Hawaii	101,948
Illinois	611,106
Indiana	473,111
Intermountain	570,933
Iowa	277,418
Kansas	441,785
Maine	290,572
Maryland	550,263
Memphis	661,405
Metropolitan New York	144,446
Metropolitan Washington, D. C.	1,619,430
Michigan	650,249
Missouri	909,776
Mountain States	395,148
Nebraska-South Dakota	349,632
New Jersey	411,744
New Mexico	33,927
North Carolina	466,156
Northern New England	58,050
Northlands	365,640
Northwestern Ohio	141,768
Ohio State	206,379
Ohio Valley	441,805
Oklahoma	205,978
Oregon	214,329
Puerto Rico	288,087
Rochester	437,891
South Carolina	69,281
Susquehanna Valley	101,714
Tennessee Mid-South	405,290
Texas	803,330

Tri-State	\$ 281,932
Washington/Alaska	381,837
Western New York.	396,818
Wisconsin	437,510

Total Direct Costs	\$20,273,505
Estimated Indirect Costs	4,054,701

Subtotal \$24,328,206

Reduction on Awards for Continuation
and Renewal of Activities

Total Direct Costs	\$ 1,878,149
Estimated Indirect Costs	412,732

\$ 2,290,881

Total. \$26,619,087

DRMP-GMB
February 6, 1970

Multiphasic Screening for Poor in San Joaquin County	\$ 200,000
Pacemaker Registry	71,138
Perinatal Monitoring	110,000
Smoking Clinics	94,000
Stroke Program	166,000
Stroke Program	280,000
Stroke Program	119,000
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TOTAL	\$2,046,776

CENTRAL NEW YORK

Community Hospital Equipment	\$ 3,000
Coronary Care Training	27,735
Home Dialysis Training	43,219
Medical Briefs By Telephone	17,321
Prevention of and Effective Recovery from Cardiovascular Illness through knowledgeable Nursing Intervention	9,618
Regional Learning Resources Center	48,000
Sigmoidoscopic Demonstration Teaching	39,652
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TOTAL	\$ 188,545

FLORIDA

Pediatric Continuing Education	\$ 51,690
Smoking and Health	43,370
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TOTAL	\$ 95,060

ILLINOIS

Coordinated Cancer Program	\$ 104,950
Endoscopic Study & Training Program	71,460
Home Care Service Program	35,525
Multiphasic Screening - Industrial Plants	199,826
Radiation Therapy Treatment	24,300
Stroke Coordination Program	33,790
Stroke Rehabilitation Program	141,255
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TOTAL	\$ 611,106

IOWA

Mobile Intensive Coronary Care	\$ 71,350
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TOTAL	\$ 71,350

KANSAS

Biomedical Library Information Center	\$ 41,024
Cancer Care Continuing Education Program	8,970
Care of Patients with Fluid Electrolyte and Renal Problems	45,555
Cerebrovascular and Neurological Nurse Training	36,655
Coordinated System for the Continuing Education of Medical and Paramedical Personnel	44,329
Food Service Personnel Using the Dietary Consultant Approach	3,175
Institute for Dieticians	15,960

Kansas City Council on Health Careers Health Manpower Recruitment Program	\$ 51,775
Kansas Medical Library System	146,120
Seminar on Basic Medical Librarianship	6,052
Subregional Office in Topeka	42,170
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TOTAL	\$ 441,785
MAINE	
Director of Medical Education	\$ 26,500
Regional Cancer Program	75,422
Regional Library	43,942
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TOTAL	\$ 145,864
METROPOLITAN NEW YORK	
Continuing Education of the Community Physician	\$ 73,810
Program of Continuing Medical Education and Patient Referral for Community Physicians	70,636
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TOTAL	\$ 144,446
MISSOURI	
Early Diagnosis and Treatment of Children with Diabetes Mellitus	\$ 73,080
Establishment of Southeast Missouri Radioisotope Cancer Program with Satellite Facilities	86,453
Hi-Blood	161,780
Homemaker - Health Aide Project	92,067
Missouri Cervical Cytology Project	76,864
School Heart Sound Screening Program	74,532
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TOTAL	\$ 564,776

NEW JERSEY

Cancer Care Course for Nurses	\$ 60,450
Urban Health Component of Core Activity	184,276
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TOTAL	\$ 244,726

NORTH CAROLINA

Demonstration Project: A Problem Focused Group Oriented and Community Based Continuing Education Method	\$ 43,443
Duke University's Physicians Assistant Training Program	183,321
Mammography Technologists Regional Training Program	9,867
Regional Coronary Care Unit for Physicians and Nurse Education	106,645
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TOTAL	\$ 343,276

NORTHLANDS

Course for Medical Technicians in Ophthalmology	\$ 51,850
Myocardial Infarction	84,101
Pilot Program of Regional Postgraduate Medical Education	74,026
Postgraduate Education in Diseases of Cardiovascular and Nervous Systems and Neoplastic Diseases in Childhood	38,693
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	\$ 248,670

OHIO STATE

Central Ohio - Phonocardiogram Screening Program	\$ 79,400
Council for Continuing Health Education: A Project to Develop Organized Education Programs for Health Professionals - Greater Portsmouth Ohio Area	39,018

Councils for Continuing Education: A Project to
Develop Coordinated Programs for Health
Professionals \$ 37,468

TOTAL \$ 155,886

OHIO VALLEY

Automated Multiphasic Screening Demonstration \$ 200,000

Regional Stroke Management Demonstration 15,000

Rural Multi-County Home Care Demonstration 90,000

\$ 305,000

ROCHESTER

Automated Cancer Registry \$ 110,000

Chronic Renal Disease Nursing 30,673

Development of Stroke Team 46,035

Neurologic & Rehabilitation Nursing 48,235

Physician Training in Chronic Renal Disease 14,688

Program for Patients with Diabetes Mellitus 48,420

Telephone EKG Consultation 65,000

Transmission of EKG 74,840

TOTAL \$ 437,891

TENNESSEE MID-SOUTH

Health Communications Systems, S. W. Kentucky
(Greenville, Cadiz, Hopkinsville, Kentucky) \$ 16,998

TOTAL \$ 16,998

TEXAS

A Beginning Program of Continuing Education for Occupational Therapists	\$ 24,000
Annual Clinical Conference	18,070
Development and Distribution of an Inter- Regional Cooperative Serial Control System in the South Central Library System	33,296
Educational Media Instructional Program for Allied Health Educators	23,750
Expansion of Maxillofacial Prosthetic Services	100,000
Extending Coronary Care Nursing Training to Community Hospitals	84,030
Health Careers Personnel Program	90,000
Long Distance Telephonic Consultations	38,500
Reduce Complications Following Radiotherapy	40,598
Rehabilitation Management - Coordinated Community Action	226,053
Social Workers' Training Program in Neoplasia	22,375
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TOTAL	\$ 700,672

TRI-STATE

Chronic Chest Disease	\$ 107,085
Comprehensive Care of Acute Stroke Patient	14,575
Diet Counseling Service	45,634
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TOTAL	\$ 167,294

WESTERN NEW YORK

Information Dissemination Service	\$ 31,960
Respiratory Intensive Care Unit	120,296
Respiratory Intensive Care Unit	197,108
Topical Chemotherapy Treatment for Pre-cancerous Lesions and Cancer of the Skin	47,454
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TOTAL	\$ 396,818

WISCONSIN

Cancer Chemotherapy - Milwaukee	\$ 50,475
Core	20,830
Medical Library Service	16,950
Nurse Training	65,536
Nurse Utilization	100,589
Radiology	75,100
Tissue Typing	36,850
Uterine Cytology Screening	71,180
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TOTAL	\$ 437,510

DRMP-GMB
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